Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number: Expires:	3235-0076 May 31, 2002					
Estimated average b						

SEC USE ONLY					
Prefix	Serial				
DATE RI	ECEIVED				

	×					
	g (□check if this is an a			dicate change.)		
FrontPoint O	ffshore Fixed Income		<del></del>			
Filing Under (Ch	neck box(es) that apply):	□Rule 504	□Rule 505	⊠Rule 506	☐ Section 4(6) ☐	] ULOE
Type of Filing:	□New Filing	⊠Amendment		<del></del>		
		A	. BASIC IDENTIFI	CATION DATA		
1. Enter the infor	rmation requested about	the issuer				
Name of Issuer	(□check if this is an a	mendment and nam	ne has changed, and in	dicate change.)		
FrontPoint O	ffshore Fixed Income	Opportunities Fur	nd, L.P			023552
Address of Exec	utive Offices		(Number and Street	, City, State, Zip Code)	Telephone Number (In	cluding Area Code)
Address of Princ	ipal Business Operations	S	(Number and Street	, City, State, Zip Code)	Telephone Number (In	cluding Area Code)
Brief Description	n of Business					PROCESSED  JUN 2 5 2003
Type of Business	s Organization					( 0 = 3003
□ corporation		☐ limite	d partnership, already	formed □ot	her (please specify):	LON S 2 YOUR
□business tru	ıst	☐ limite	d partnership, to be fo	rmed		THOMSON
Actual or Estima	ited Date of Incorporatio	n or Organization:		Month	Year	FINANCIAL  Estimated
Jurisdiction of In	ncorporation or Organiza		letter U.S. Postal Serv nada; FN for other fore	rice abbreviation for Stateign jurisdiction)	ate:	

## GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

CR

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - · Each promoter of the issuer, if the issuer has been organized within the past five years;
  - · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	⊠Beneficial Owner	☐Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, if ine XL RE Ltd.	dividual)			···	
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)	·		<u></u>
XL House, One Bermudiana	Road, Hamilton, I	HM 11, Bermuda			
Check Box(cs) that Apply:	☐ Promoter	🛚 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
FrontPoint Offshore Fixed Inc	ome Opportunitie	es Fund, Ltd.			
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			
M&C Corporate Services Lim	ited, Ugland Hous	se, P.O. Box 309GT, Geo	rge Town, Grand Cay	man, Cayman Islan	ds
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	□ General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)	<u> </u>		
Check Box(es) that Apply:	□ Promoter	☐ Beneticial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)			<del></del>	
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			

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					B. 1	NFORMAT	ION ABOU	T OFFERI	NG				
				<u> </u>								Yes	No
1.	Has the issu	ier sold, o	or does t	he issuer inte	nd to sell, to	non-accredit	ed investors	in this offerir	ıg?			. 🗆	
						o in Appendi		-					
2.	What is the	minimun	n invest	ment that will	be accepted	from any in	dividual?				• • • • • • • • • • • • • • • • • • • •	. \$	
3.	Does the offering permit joint ownership of a single unit?									Yes . $\square$	No		
4.	Enter the in	nformatio	n reque	sted for each	nerson who	has been c	r will be nai	d or given o	lirectly or inc	lirectly any	commission c	or	
	similar rem an associate or dealer. I	unerationed person f more the	n for so or agen han five	olicitation of p t of a broker e (5) persons	ourchasers in or dealer reg to be listed	n connection pistered with d are associa	with sales of the SEC and ted persons	f securities in d/or with a s of such a b	n the offering tate or states, roker or dea	g. If a person list the nam ler, you ma	n to be listed in to be listed in the broke y set forth the	s r e	
Full N	lame (Last r	ame first	, if indiv	vidual)									
Busir	ess or Resid	ence Add	Iress	(Number and	l Street, City	, State, Zip C	Code)						-
Name	of Associat	ed Broke	r or Dea	ler									-
				Solicited or I									
(CI	neck "All Sta	ites" or cl	neck ind	lividual States	)				• • • • • • • • • • • • • • • • • • • •			[_]	All States
[AL]	[AK	1 (	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IN	-	AZ) [[A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
TM]			NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
F(RH	lame (Last	ame first	,\$Pihdiv	ridual[N]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Busin	ess or Resid	ence Add	Iress	(Number and	d Street, City	, State, Zip C	Code)			<del></del>			
N	. £ A : - 4	- 1 D - 1	D	1		<u>-</u>				_			
Name	of Associat	еа Втоке	r or Dea	ner									
States	in Which P	erson Lis	ted Has	Solicited or I	ntends to So	licit Purchase	ers						
(Cl	neck "All Sta	ites" or cl	neck ind	lividual States	)							🗆 -	All States
[AL]	[AK	1 (	AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
			[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT	] [NE	[	NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
FMY	lame (Last r	name first	, if indiv	vidual)	[TX]	[U1]	[VI]	[VA]	[WA]	[wv]	[WI]	[WY]	[PK]
Busir	ess or Resid	lence Add	lress	(Number and	d Street, City	, State, Zip C	Code)				- <del></del>	<del></del> _	<u> </u>
\		10.1		1	<u> </u>				·				
Name	e of Associat	ed Broke	r or Dea	iler									
States	in Which P	erson Lis	ted Has	Solicited or I	ntends to So	licit Purchase	ers						
(Cl	neck "All Sta	ates" or cl	heck ind	lividual States	e)							🗆	All States
[AL	] [AK	]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
		-	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]
[MT			NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[KI]	Įsc		[2D]	[IN]	[1X]	forl	[VI]	[VA]	[WA]	[WV]	[WI]	[WY]	[PK]

0.0000000	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCES	EDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" is answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			<u> </u>	
	Type of Security	Aggregate Offering Price			Amount Already Sold
	Debt\$			<b>\$</b>	
	Equity			s	
	Convertible Securities (including warrants)\$		<u>.</u>	<b>s</b>	
	Partnership Interests	459,087,992		<b>\$</b>	459,087,992
	Other (specify)\$			<b>\$</b>	
	Total	459,087,992		\$_	459,087,992
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors	11		<b>\$</b> _	459,087,992
	Non-accredited Investors			<b>\$</b> _	
	Total (for filings under Rule 504 only)				
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				Dollar Amount
	Type of offering	Type of Security			Sold
	Rule 505			<b>\$</b> _	
	Regulation A			<b>\$</b>	
	Rule 504			<b>\$</b> _	
	Total			\$_	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		ı <u>.</u>		
	Transfer Agent's Fees			\$_	
	Printing and Engraving Costs			\$_	
	Legal Fees		☒	\$_	35,000
	Accounting Fees			\$	

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35,000

⊠ \$\_\_\_\_

Total .....

Sales Commissions (specify finders' fees separately)

Other Expenses (identify)

	C. OFFERING PRI	ICE, NUMBER OF INVESTORS, EXPEN	NSES	AND	USE OF PROCEI	EDS	2000
	b. Enter the difference between the agg Question 1 and total expenses furnished in r the "adjusted gross proceeds to the issuer.".		ference	is		\$	459 <u>,052,922</u>
5.	used for each of the purposes shown. If estimate and check the box to the left of the	gross proceeds to the issuer used or propositive amount for any purpose is not known, for estimate. The total of the payments listed mut forth in response to Part C — Question 4.b ab	urnish iust eqi	an			
	. 0	,			Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees	••••	[	ן ₃ ב		_ 🗆 💲 _	
	Purchase of real estate		[	J <sub>\$ .</sub>		_ 🗆 s	
	Purchase, rental or leasing and installati	ion of machinery and equipment	[	J <sub>\$ .</sub>			
	Construction or leasing of plant buildin	gs and facilities	[	] <sub>\$</sub>		□ s	
	Acquisition of other businesses (incl	uding the value of securities involved in	this	•			
		ge for the assets or securities of another iss		ן ₃ נ		_ 🗆 💲 _	700000
	Repayment of indebtedness		[	ן ₃ ַ		_ 🗆 s _	
	Working capital		[	□ <sub>\$</sub> .			
	Other (specify): Investment in limited	d partnership interests of affiliated entity.				_ 🛮 🖠 s	459,052,922
				⊐ <sub>\$</sub>		□ <sub>\$</sub>	
				ֹ \$ ב		_ ⊠ § ]	459,052,922
	Total Payments Listed (column totals a	dded)			⊠ <u>\$</u> ∠	459,052,	922_
		D. FEDERAL SIGNATURE	3				
coi	ne issuer has duly caused this notice to be signonstitutes an undertaking by the issuer to furnish the issuer to any non-accredited investor pursu	to the U.S. Securities and Exchange Commis					
İss	uer (Print or Type)	Signature			Date		· · · · · · · · · · · · · · · · · · ·
	ontPoint Offshore Fixed Income portunities Fund, L.P.	MIC			June 2	<u>0</u> , 2003	
	ame of Signer (Print or Type)	Title of Signer (Print or Type)				····	
Ar	thur Lev	Attorney-in-Fact for FrontPoint Fixe General Partner of the Issuer	d Inco	me (	Opportunities Fund	d GP, LL	C,

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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